

HOMEMAKER COMPANION AGENCY APPLICATION INSTRUCTIONS

Checks or money orders should be made payable to: *"Treasurer, State of Connecticut"*

Registration Fees: \$300.00 Registration Fee per year (renewal fee \$300.00).

All applicants applying for a Homemaker Companion registration must complete the appropriate sections as indicated below:

If you are applying as a **SOLE PROPRIETOR**, complete:

- SEC I. Business Information.
If applicable, print your trade (business) name. Provide Federal Identification & State Tax Numbers.
* If your business and residence address are different, complete your business address and add your personal residence address to Section III.
- SEC II. Organizational Structure.
Check "Sole Proprietorship" and provide number of employees as requested.
- SEC III. Personal Information
Complete the personal information section.
- SEC IV. Relevant Information.
Answer all questions listed.
- SEC V. Notarized Signature.

If you are applying as a **PARTNERSHIP**, complete:

- SEC I. Business Information.
Print your business information. Provide Federal Identification Number & State Tax Number.
- SEC II. Organizational Structure.
Check "*Partnership*" and provide number of employees as requested.
- SEC III. Personal Information
Complete a personal information section for each partner.
- SEC IV. Relevant Information.
Answer all questions listed.
- SEC V. Notarized Signature.
At least one (1) partner must have his/her signature notarized.

If you are applying as a **CORPORATION** or **LIMITED LIABILITY COMPANY** or **LIMITED LIABILITY PARTNERSHIP**, complete:

- SEC I. Business Information.
Print your business information. Provide Federal Identification Number & State Tax Number.
- SEC II. Organizational Structure.
(Foreign Corporations, LLC's and LLP's shall provide an acceptance letter from the Connecticut Secretary of State's office stating their Articles of Organization)
Check "*Corporation*" and provide number of employees as requested.
Check "*Limited Liability Company*" and provide number of employees as requested.
Check "*Limited Liability Partnership*" and provide number of employees as requested.
- SEC III. Personal Information
Complete a personal information section for ALL Corporate officers, LLC or LLP members;
- SEC IV. Relevant Information.
Answer all questions listed.
- SEC V. Notarized Signature.
At least one (1) Corporate Officer, LLC or LLP Member must have his/her signature notarized.

To obtain additional information, please contact the following agencies:

Department of Consumer Protection
Trade Practices Division
165 Capitol Avenue, Room 110
Hartford, CT 06106

Phone: (860) 713-6100
Fax: (860) 713-7239
Email: trade.practices@ct.gov
Web Site: www.ct.gov/dcp

State Tax Number and tax-related information:

Department of Revenue Services
25 Sigourney Street, Hartford, CT 06106
(860) 297-4885 or www.ct.gov/drs

Certificate of Authority for Out of State Corporations:

Connecticut Secretary of the State
30 Trinity Street, Hartford, CT 06106
(860) 509-6200 or www.sots.state.ct.us



STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
Trade Practices Division
165 Capitol Avenue
Hartford, CT 06106
Web Site: www.ct.gov/dcp

FOR OFFICIAL USE ONLY

APPLICATION FOR HOMEMAKER COMPANION AGENCY

Sec. I Applicant Information: Please type or print

Name of Individual, Partnership, Corporation, LLC or LLP			
Trade (Business) Name <input type="checkbox"/> same as above			
Street Address			PO Box
City		State	Zip Code
Business Phone (with area code)	Business Fax (with area code)	Have you filed a Trade Name Certificate at the Town Clerk's Office where your business is located? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Necessary	
Federal Employer ID (FEIN) #	Conn. Dept. of Revenue Tax #	Business website address (optional):	
Are all business records kept at the above address? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, specify alternate address below (use additional sheets as necessary):			
Address (Street, City, State, Zip Code)			Types of records held at this location:

Sec. II Organizational Structure: ☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ Limited Liability Company ☐ Limited Liability Partnership ☐ Government/Public Entity

Employee Information (as of date of application):

Total # of Homemaker Companions:	Full-time Homemaker employees:	Part-time Homemaker employees:
----------------------------------	--------------------------------	--------------------------------

Sec. III Personal Information: List all Persons Associated with Ownership of the Applicant Business below: (Owners may include: Sole Proprietor/Corporate Officers/Partners/LLC & LLP Members. Use additional sheets as necessary.)

Name		Title	
Residence Street Address		PO Box	
City		State	Zip Code
Home Phone area code () -	Social Security #		Date of Birth
Driver's License #	State issued	e-mail address (optional)	

Name		Title	
Residence Street Address		PO Box	
City		State	Zip Code
Home Phone area code () -	Social Security #		Date of Birth
Driver's License #	State issued	e-mail address (optional)	

Name		Title	
Residence Street Address		PO Box	
City		State	Zip Code
Home Phone area code () -	Social Security #		Date of Birth
Driver's License #	State issued	e-mail address (optional)	

Sec. IV Relevant Information

1. Do you currently perform services requiring licensure by the Connecticut Department of Public Health? ☐ Yes ☐ No
If yes, please list your license numbers: _____
Do you intend to perform such services in the future? ☐ Yes ☐ No
2. Have any court judgments or administrative orders been issued against you or any person, company or entity that is affiliated with you, as a result of your activities as the provider of homemaker companion services in any state? ☐ Yes ☐ No
If yes, please attach to this application a written, notarized statement of the facts and the disposition of each such matter.
3. Has the applicant, or any partners, corporate officers or members ever been convicted of a felony crime? ☐ Yes ☐ No
If yes, please provide, on a separate sheet, the date(s) and nature of conviction(s), where the cases were decided, and a description of the circumstances relating to each such conviction.

CERTIFICATION

Connecticut General Statutes, Sec. 53a-157 provides: "A person is guilty of false statement when he intentionally makes a false written statement under oath or pursuant to a form bearing notice, authorized by law, to the effect that false statements made therein are punishable, which he does not believe to be true and which statement is intended to mislead a public servant in the performance of his official function."

Read and affirm the following statements by providing your initials on the lines provided:

- (1) The agency shall require any employee hired after October 1, 2006 to submit to a comprehensive background check and comply with Section 60 of Public Act 06-187. _____
- (2) The agency will provide individualized contracts or service plans for each client that identify the scope, type, frequency and duration of service. _____
- (3) The agency shall maintain a surety bond. _____
- (4) All agency records shall be open for inspection by the Department. _____

Sec. V Notarized Statement

I CERTIFY, UNDER PENALTY OF LAW (C.G.S. SEC. 53a-157, CLASS A MISDEMEANOR), THAT THE INFORMATION PROVIDED IN THIS APPLICATION AND ANY ATTACHMENTS IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Signature of Applicant Title/Capacity of signatory Date

Printed Name: _____

Subscribed and sworn before me this _____ day of _____, 20_____

Signed: (Commissioner of Superior Court/Notary Public/Justice of the Peace) My Commission Expires Seal

Printed Name: _____

PLEASE NOTE:

1. Return completed application and payment (\$300.00) to:
Department of Consumer Protection, License Services Division, 165 Capitol Avenue, Hartford, CT 06106
2. Application must be accompanied by check or money order made payable to, "***Treasurer, State of Connecticut.***"
3. Application must be signed before a **Notary Public, a Commissioner of the Superior Court, or Justice of the Peace.**
4. Please allow approximately two weeks for processing, issuing, printing, and mailing of your registration card if your application is complete when received. During this period, you are **NOT REGISTERED.**
5. You must notify the Department in writing of any **change of address or change of business name.**
6. You must include your **registration number in any advertisement** you place.
7. Registration certificates are **non-transferable** and **expire on a yearly basis.**
8. Please be certain **all contracts used contain the necessary provisions** required by Departmental Regulations and policy.

➤ UNTIL YOU RECEIVE YOUR REGISTRATION, YOU MAY NOT ACT AS A HOMEMAKER COMPANION AGENCY